

Bereskin & Parr

INTELLECTUAL PROPERTY LAW

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FAX TRANSMITTAL

TO: Haider, Fawaad

FILE #: 12620-7

FIRM: USPTO

LAWYER #: 273

FROM: Victor Krichker

FAX #: (571) 273-8300

DATE: August 16, 2007

PAGES: 9 pages

(including cover sheet)

COMMENTS:

Response to Office Action dated April 17, 2007 for Application Serial No.

10/611,943 is enclosed.

If transmission is interrupted or of poor quality, please notify us immediately by calling Lorraine James at (416) 364-7311, ext. 6359.

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T-661 P.004/009 F-992

Approved for use through 02/28/2007 OMB 0861-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2007</h3>		Application Number	10/611,943
		Filing Date	July 3, 2003
		First Named Inventor	McLellan et al
		Examiner Name	Maider, Fawaad
		Art Unit	3627
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Attorney Docket No	12620-7
TOTAL AMOUNT OF PAYMENT (\$) 60.00			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 022095 Deposit Account Name: Bereskin & Parr

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
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☒ Charge any additional fee(s) or underpayments of fee(s)
 ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

-20 or HP= _____ x _____ = _____

Fee Paid (\$) _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time

Fees Paid (\$) 60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	50,198	Telephone	416 567-1699
Name (Print/Type)	Victor Knoch	Date	August 16, 2007		

The collection of information is required by 37 CFR 1.132. The information is required to obtain or retain a patent by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including reviewing, preparing, and submitting the completed application form to the USPTO. This fee is being charged upon the individual upon any submission on the amount of time you require to complete the form and/or submission for reducing the duration. Should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, VA 22313-1490. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1490, Alexandria, VA 22313-1490.

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T-661 P.002/009 F-992


F1030241 (US-PO)

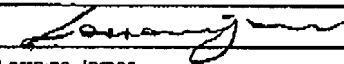
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TRANSMITTAL FORM		Application Number	10/611,943
		Filing Date	July 3, 2003
		First Named Inventor	McLellan et al
		Art Unit	3627
		Examiner Name	Haider, Fawaad
		Attorney Docket Number	12620-7
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	8		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bereskin & Parr		
Signature			
Printed Name	Victor Krichler		
Date	August 16, 2007	Reg. No.	50,198

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Lorraine James	Date	August 16, 2007

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